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I.

MADAM BOIVIN.

Observations on the most frequent Causes of Abortion. By MADAM BOIVIN, M.D.

[The following abstract from Madam Boivin's late "Researches" is from the pen of Dr. James Johnson, and executed with his accustomed spirit and judgment. Madam B. is probably the only lady who has ever received a medical degree from a Literary Institution. She is the most distinguished midwife in Paris, holds the office of Chief Superintendant of the MAISON ROYALE DE SANTE in that city, and received the degree of Doctress in Medicine at the University of Marbourg.]

Her work on Abortion was published in 1828. About ten years before, she favored the profession with a large octavo treatise on midwifery.]

THE appearance of a work full of dissections and pathological investigations by a LADY, will, no doubt, create some surprise among the *old women* of the profession on this side of the channel! Pathological researches by a lady! Yes! a lady whose anatomical, pathological, and physiological acquirements, as well as her diploma in medicine, need not shrink from comparison with those of a Clarke, a Merriman, a Davis or Davies, a

Granville, a Ley, a Ramsbottom, or any of the MAGNATES OBSTETRICI in this proud metropolis. We wonder that Sir Anthony Carlisle did not bring forward MADAM BOIVIN as a practical proof of the soundness of his arguments—for assuredly this lady might fearlessly enter into single combat with the most doughty champion of man-midwifery here. Armed with her shining and terrific PELVIMETER, "Couronné par la Société Royale," we should like to see Madam B. break a lance or a pair of long forceps with Dr. Davis—or, as the lawyers would say, "join issue" with that celebrated accoucheur, on some of the more intricate problems of mechanical midwifery—as, for example, the "evolution of the fœtus." We are strongly inclined to think that the female M.D. would prove victorious in obstetrical tactics!

Madam Boivin has selected a single (but, as she thinks, a very frequent) cause of abortion, for her investigation, and encumbers not her book with a compilation of what others have written on other causes of this serious accident.

The nature of this cause, or class of causes, will be best understood by placing before our readers an abstract of a few of the cases detailed in the work before us—cases which are interesting, and rendered less equivocal by *post-mortem* examinations.

CASE 1.—Madame Kall, aged 27, was confined with her first child at the age of 21 years, and delivered by aid of the forceps, after a tedious labor of sixty hours. She became affected with peripneumony, which confined her to her bed for three months afterwards. Subsequently she went through two natural and easy labors. In February, 1826, while coming home from a ball, she caught cold, and had a severe catarrh, which did not, however, prevent her from attending to her domestic concerns for some time. A severe pain becoming fixed in the left side of the chest, twenty leeches were applied, and gave relief. Uterine pains now came on, and a fœtus of five months was expelled. She was carried to the MAISON ROYALE DE SANTE, the third day after the abortion, and the fifth day of the peripneumony. In spite of the best medical assistance, she died on the tenth day of the disease.

Dissection.—There was a large purulent depôt in the right lung, the left being completely tuberculated. There was some inflammation in the abdomen. In the pelvis, the broad ligaments, the fallopian tubes, and the ovaries, were intimately matted and agglutinated to the posterior face of the uterus—the adhesions being so strong that they could not be separated without the aid of the scalpel. In the midst of this mass of adhesions there was a plentiful crop of recent tubercles, from the size of a millet-seed to that of a pea.

Remarks.—The aforesaid pathological condition must have obtained prior to the peripneumony, and must have rendered the enlargement of the uterus a matter of great difficulty. Madam B. thinks, and apparently with reason, that

the abortion would have taken place independently of the pulmonary affection. The broad ligaments, in the above condition of disease, and so morbidly adherent to the uterus, could not have stretched, as that organ enlarged in the latter months of uterine gestation—their resistance would excite uterine action—and abortion would be the consequence.*

CASE 2.—M. Delam—, aged 32 years, was brought to the MAISON ROYALE DE SANTE, in consequence of a violent hæmorrhage, by which she was reduced to a state of extreme weakness—the pulse not to be felt—the face dead-ly pale. When a little revived, she gave the following account of herself:—She had menstruated at 12, but the returns were not regular, and she was always affected with profuse leucorrhœa, and obstinate constipation of the bowels. She had been married five years—had received a syphilitic infection from her husband, and underwent the usual treatment—the leucorrhœa was still more abundant after this complaint, and at 30 she became pregnant, three years after marriage. She was delivered safely at the full term; but aborted in the third month of a second conception, with great loss of blood, which lasted four days, and was the cause of her reception into the MAISON DE SANTE. In addition to the great prostration, the left lower extremity was found to be infiltrated even to the foot—the os tincæ felt larger and harder than natural—and, in endeavoring to raise the uterus on the finger, much resist-

* The cause of those morbid states is attributed by Madam Boivin to neglected bowels, bad air, and extreme irregularity of living.

ance was experienced—indeed, it was found impossible to move that organ. The abdomen was distended, and fluctuation was perceptible. Leeches were applied, and various means used—but a slow fever came on, and she died on the 15th day after her entrance into the MAISON.

Dissection.—Much fluid in the abdomen—liver large—in the mesocolon and sub-peritoneal tissue, tubercles were developed—portions of colon and rectum intimately adherent to the uterus and also to the sacrum—a large purulent depôt in the recto-vaginal fold—fallopian tubes and ovaries agglutinated into a mass and inseparable from the uterus, and when carefully examined, they were found to be disorganized. The substance of the uterus itself was greatly inflamed, and its internal surface sprinkled with black points like petechiæ, whence, no doubt, the prodigious quantity of blood had proceeded. The rectum was taking on a state of disease.

Madam Boivin remarks that there can be no doubt of the swelling and infiltration of the lower extremities being a consequence of the state of disease in the pelvis—a consequence which she has, in numerous instances, seen result from the same. One thing, she observes, is certain—it was impossible for the uterus to expand and become developed under such a state of its annexations,—hence abortion was inevitable.

CASE 3.—Miss L.—, aged 24 years, had been subject to obstinate constipation and leucorrhœa, especially during the last two years, while residing in Paris. She was carried to the MAISON DE SANTE, in consequence of a large loss of

blood from the uterus that had succeeded an abortion of three months. The sanguineous discharge had been accompanied by a violent pain in the right loin, hip, and thigh. The pulse was quick, the tongue red. The abdomen gradually enlarged during the next eight days of her residence in the house, but without evident fluctuation. The pain of the lower extremity continued in spite of the anodyne frictions. Vomiting, pains in the abdomen, diarrhœa, and fever, came on. The state of the uterus was examined, and it was found to be completely immoveable, the os tincæ being gorged. This led Madam B. to believe that there was disease going on in the appendices of the uterus. The fever increased, delirium came on, and she died on the 19th day after her entrance into the house, and on the 22d day from the abortion.

Dissection.—There was a good deal of peritoneal inflammation, with adhesions among the intestines, especially the small intestines, which were agglutinated in a mass. The colon and rectum were glued to the posterior face of the uterus—the ovaries and fallopian tubes, on both sides, being reduced to a putrid jelly. A portion of cœcum was completely amalgamated by adhesive inflammation, with the fundus of the uterus, in the substance of which was a small white tumor. The internal surface of the organ was livid and gorged with blood.

Madam B. entertains no doubt that disease had been going on long before the abortion, and was the cause, not the consequence, of this event.

It is not necessary to extract any more cases from the large number which the talented author-

ess has published—some fatal, others not fatal, but with abscesses pointing into the rectum, vagina, and elsewhere, showing the nature of the disease that produced the abortion. These cases are highly important, and should lead accoucheurs to be attentive to the signs which indicate inflammatory action about the uterus. The poisoning of the organ on the finger is an ingenious hint of Madam Boivin, and deserves to be remembered.

We are unable to convey any idea of Madam Boivin's pelvimeter, without the aid of plates. The work contains a great number of cases of extra-uterine and false conceptions, with minute dissections, and keen remarks, that deserve the attention of the accoucheur. In short, if we had a plentiful race of Madam Boivins, we should become converts, at once, to the doctrines of Sir Anthony Carlisle.

II.

Intermittent Character assumed by Diseases not usually of such a Nature.

[A fortnight ago, we remarked on the tendency which some complaints have evinced, during the present and past season, to assume an intermittent form. We have since received from London an account of the debates in the Westminster Medical Society, from which we give the following extract.]

DR. STEWART called the attention of the Society to the tendency evinced by diseases not usually intermittent, to assume that type during the present season. He mentioned, in illustration, the case of a gentleman who had labored under symptoms of catarrh, which,

after resisting the common treatment, yielded to sulphate of quina. He appealed to Dr. Johnson, who had formerly alluded to this subject, and called upon him for further information.

Dr. Johnson then rose and related some cases of headach, which we understood him to say had been almost entirely confined to one spot, which had assumed an intermittent type, and finally yielded to sulphate of quina or to arsenic. The Doctor also stated that he had met with cases of pain about the stomach, and palpitations at the heart, presenting the same tendency to intermit.

Dr. Ley said he had met with a case of violent cough in a pregnant lady distinctly becoming intermittent, and yielding to quina. The remedy being discontinued, the cough returned, and was again cured by the same means.

Dr. A. T. Thomson informed the society that the intermittent character was extremely well marked in rheumatism, some striking illustrations of which he had met with; and after some further observations, he concluded by recommending the preparations of bark as entitled to particular attention.

Mr. Gilbert Burnett next rose, and shortly related a case of mania which had proved intermittent, and yielded to tonics.

Dr. Macleod remarked, that if we went on much longer at this rate, there would not be any disease in the whole range of nosology but would come under the denomination of an intermittent, while he supposed that this would be followed by a corresponding change in our treatment in favor of sulphate of quina. Without denying that catarrh and headach,

and pain of the stomach and palpitations, and cough, and rheumatism, and mania, might occasionally assume an intermittent type; he denied that such was the *general character* of these diseases; and he feared that the younger members, from what they had heard, might be too ready to abandon the usual remedies, and have recourse to tonics where they were calculated to do harm.

III.

Letter to the Editor of the Boston Medical and Surgical Journal.

Boston, April 21, 1829.

SIR,—Dr. Warren's cases of Neuralgia, which have appeared in the Journal, remind me of one which occurred in my family in the latter part of the year 1823. I think Dr. W. visited the lady, and saw the state in which she was left by the disease. The patient, in full health, was seized, while at supper, with a violent pain under the biceps muscle of the right arm, extending down to the fingers. The pains soon became so violent as to produce fainting,—every paroxysm was accompanied with a spasmodic action of the extensor muscles of the hand, bringing the fingers backward. The only relief she could obtain was from immersing the hand in *hot water*, so hot, that to the attendants it was insufferable, but to her just comfortable. The *Carbonate of Iron* was tried without effect, and relief was finally obtained from the Extract of *Cicut*a in increased doses, until delirium was produced; but the fingers were left extended and inflexible for a year after the attack. The joints were finally relieved from this partial anchy-

losis by pouring a *stream of warm water* upon them from a height, followed by *friction with palm oil*.

Eight months from this time, she was again attacked with neuralgia of the left side of the face. In this case, it took the form of a regular intermittent, the pain occurring every morning, during which paroxysm it was necessary to resort to large doses of opium for relief. Bark, to the extent of an ounce, in the intermission, and the Arsenical Solution, were tried for six days, without any diminution of the paroxysm. The Carbonate of Iron, in drachm doses, was then exhibited, and in two days the patient was restored to health. Yours, &c.,

SOLOMON D. TOWNSEND.

In connection with the subject of neuralgia, the following article, from the last number of the *Western Journal of the Medical and Physical Sciences*, will be read with interest.

IV.

Notes of a Case imitative of Neuralgic Affection, occasioned by Mercury.

By Dr. J. BENNET.

In the spring of 1825, I was consulted by a man who had contracted syphilis, and found him laboring under chancre, bubo, and an eruption on the skin. I put him on a course of mercury, and directed confinement to his room. The mercury soon produced a ptyalism; and from its first affecting the mouth, he complained of unusual pain in the right cheek, which I took but little notice of, supposing it arose from decayed teeth. As the soreness of the mouth increased, the painful affection of the cheek became almost insupporta-

ble. On attempting to speak, the muscles of the right cheek were thrown into violent spasms; indeed, every motion of the face was followed by a paroxysm; the pain, following the course of some of the principal nerves of the face, indicated its affinity to tic douloureux.

To remedy this affection, I had recourse to opium, both internally and externally, using a watery extract or solution, as a wash to the mouth. Although this medicine was not sparingly exhibited, it increased the painful affection of the face to an intolerable degree, and the spasmodic twitchings became almost incessant. On the day following the exhibition of the opium, I directed him to take bark, hourly, in as much wine as would form a convenient vehicle. On visiting him in the evening, I found him free from pain; he informed that he had attempted to take the bark; that it had vomited him, and produced violent pain and spasms in the muscles of the face. For relief, my patient flew to the wine bottle, half a pint of which he drank at a single draught, which tranquillized the spasms and suspended the pain in a few minutes. He subsequently drank the same quantity through the day, resorting to it whenever he felt the pain returning, with immediate relief. His mouth was less sore this evening, and the discharge of saliva had evidently increased.

Wishing again to try the effects of opium, I directed him to discontinue the wine during the night, and to take that medicine in combination with camphor. In the morning, I found him suffering the most excruciating pain, which came on soon after he had taken

the opium, and continued to torment him through the night. The wine was now resumed, and again afforded immediate relief. From this time the patient suffered little or no pain. He kept up a moderate excitement with the wine until his mouth was well, which happened sooner than any case of sore mouth from mercury, which I recollect to have seen. A subsequent salivation in the same patient produced a similar disease of the muscles of the face, and the same remedies produced the same effects as before. I ought to remark that the patient's teeth were sound.

Is mercurial sore mouth more speedily cured by a liberal use of wine, or ardent spirits, than by the ordinary remedies? Does not the free use of wine produce a discharge of saliva in mercurial cases, attended with dryness and ulceration of the mouth, with hemorrhages from the gums? May we not infer from this case, that wine would give relief in certain forms of true tic douloureux?

Newport, Ky., Jan. 18, 1829.

V.

A Case illustrating the Sympathy which exists between the Mammary Glands and the Uterus.

Communicated for the Boston Medical and Surgical Journal,

By JOHN C. HOWARD, M.D.

Feb. 2d, 1829.—Miss N. B. requested my advice for a violent pain in her right breast. She told me it was very constant, and prevented any motion of the arm, which was found to depend upon an enlargement and inflammation of the axillary glands. The pain traversed the arm, and sometimes was violent in the ends of the fin-

gers, the bare touching of which occasioned great anguish. At this time there was very little difference between the size of the healthy and diseased breast,—there was, however, a considerable difference in the consistence, the diseased being of a stony hardness, not yielding in the slightest degree on pressure. I inquired if she had sustained any injury in the part ;—none that she recollected. I thought of *cancer*, (perhaps it was the scirrhus feeling of the breast upon examination, the color, and pain, which induced me to think of cancer,) but the patient was not twenty years of age, and my books had informed me that cancer most commonly occurred in single women at an advanced period of life, or to those who had past child-bearing, and seldom, if ever, occurred in young women. I inquired of her general health,—had she been well. Ascertained that she had never been regular in her catamenia ; she informed me that seven months had elapsed without any occurrence of the discharge, excepting, (as she expressed herself,) when the month came round there was a little headach, which might last a few hours, but she had not the least menstrual discharge.

The first inconvenience in the breast commenced seven months since, and she had frequently dull pains there ; it now had increased in size, and, from tension, was exceedingly painful ; it was not much relieved by anodyne applications, and what were deemed proper depletions ; poultices of flaxseed were applied, with a view to promote suppuration, if possible. These were continued for five days, and renewed twice

each day ; at the end of this time, the breast had increased very much. I observed it pointed an inch below the nipple, and, from its appearance and consistence, determined to open it immediately. Upon opening the *mammary abscess*, (for I believed it to be such,) half a pint of sanious pus followed, which occasioned fainting. Mild poultices were applied, after which the wound was allowed to heal, and the breast returned to its usual size.

What was peculiar in this case, and seemed to me almost anomalous, was the occurrence of the abscess during the absence of the menstrual discharge, and the fact that the pain commenced in the diseased breast at the precise time when the irregularity in the menstrual discharge was first observed, and continued with little remission, finally terminating in suppuration,—for such would have been the case, had it not been promoted by the usual means.

The following question seems to arise. Was this disease of the breast in any way connected with, or dependent upon, the failure of the uterine function? Much more experienced individuals than myself must answer.

In the treatment of this case, there were two indications to follow, viz., to promote the formation of the abscess, and induce the menstrual discharge. How the former was effected is already told,—the latter was accomplished by occasional aloetic purges, hip-baths, and *tincture of cantharides*, as recommended by Dr. Dewees, beginning with fifteen drops, three times a day. As the tincture used here is much milder than that prepared for Dr. Dewees, we may begin with fifteen

drops, instead of ten, and increase one drop each day with safety. If strangury should occur, as it may, omit the cantharides for a day, and give flaxseed tea. I have, in sixteen cases of amenorrhœa, given the tincture of cantharides with effect. Like many other medical agents, it should be used with caution, for strangury and inflammation of the bladder may be the consequence of its imprudent use,—which events, if not dangerous to the patient, would be very troublesome to the practitioner. In this case strangury did not occur. When the patient had arrived at twenty-five drops, she had a pain in her hips and the lower part of her back. This seemed almost immediately to precede the discharge, for she had not this pain more than twelve hours before it occurred.

With the amenorrhœa there was great nervous irritability, amounting to *chorea sancti viti*,

which was most remarkable on the left side of the face and arm. Her speech was for some time considerably affected. Chorea is not, I believe, an uncommon attendant on amenorrhœa of long standing. This, also, disappeared, upon the reestablishment of the uterus to the healthful performance of its proper function. The young woman is now very well, and has been so since I left her, two months ago. The menstrual discharge has twice occurred,—she is altogether free from nervous irritability,—and has had no chorea, no undue determination of blood to the head, nor vertigo, which once troubled her. I met the woman yesterday, when she told me she had not been so well for six years. Asked if she was suffering from pain in the head; “Oh no,” said she, “I never was better,—I am quite light headed.”

Tremont Street, Boston, April 14.

SKETCHES OF PERIODICAL LITERATURE.

NATURE'S THERAPEUTICS.

On the Methods pursued by Nature in the Cure of Diseases.

A VERY interesting paper on this subject, by Mr. McKenzie, is published in the Glasgow Medical Journal. The question, what is the course pursued by nature in the cure of disease, is regarded by the author of this paper as one of the highest importance. The idea of a *vis medicatrix*, as advanced by Stahl,—that is, of a sentient power in the system, overruling and controlling the physical laws which in general direct its actions,—is justly censured as unphilosophical. Such a theory strikes at

the root of active and efficient practice, by destroying confidence in those powers of nature according to which such practice should be directed, and by inducing the practitioner to waste the time for action, in the vain expectation that some mysterious agent will supply that aid, which ought to be furnished by his own efforts.

In the simplest case of recovery from disease, the transition from the morbid to the healthy state is immediate, and not accompanied by any symptom which can be pointed out as the *means* by which the recovery is effected. Such is the case in re-

stored action of the heart after syncope, in relief obtained from pain, &c., where we perceive only that the disease has departed.

Another description of natural cure in disease is effected by what is called *revolution of the functions*. This takes place after a fit of drunkenness, when the liquor, taken into the stomach and carried into the circulation, is expelled again by the action of the kidneys, the lungs, and the skin. The same mode of cure is thought by the author to occur in fever, and furnishes a correct indication for its treatment.

In the third place, diseases are governed by *revolutions of time*. Periodical occurrences in the system are subjects of daily remark, as occurring in health; and that many diseases are governed by a similar law is equally familiar.

The processes employed by nature in the repair of injuries form a fourth class of restorative means, which may be included under the general name of *natural surgery*. These differ materially from the processes of health, but are so important to the preservation of life under certain circumstances, as to be well deserving of attention. The most important of them are,—1. The closure of divided bloodvessels. 2. Adhesion, or union by the first intention. 3. Granulation, and union by the second intention. 4. Intestinal, progressive, and ulcerative absorption. Hemorrhage from a wounded vessel is arrested, either by its retraction, by coagulum formed within it, or by that of the blood effused into the cellular substance around it. Cohe-

sion is effected by the fibrin of the blood, which glues together those parts which are brought into contact. Granulations are formed of the same fibrin, somewhat more organized, and produce union by gradual approximation and contraction. By interstitial absorption, parts, or the whole of the body, are wasted gradually, when supplies are not furnished from without; by the progressive, extraordinary bodies are brought to the skin for their exit; and by the ulcerative, those parts are removed which are injurious to the system, or which have no longer the power of maintaining their vitality.

A fifth mode by which diseases obtain a natural cure is by the conversion of one into another. Examples of this are also frequent; thus, dropsy is cured by diarrhoea, and headach by epistaxis. These are instances of *sanative conversion*. But in many cases the vicarious disease is equally painful and dangerous with the original malady, and the patient has only the alternative of two equal evils. These are *insanative conversions*. Many curious cases of both are related by the author, who concludes his paper by recommending increased attention to these phenomena, as furnishing the best guide to the practitioner in the choice and application of remedies.

IRITIS.

THE same Journal contains some remarks by Dr. Monteith on Iritis, in which he insists much on the great importance of distinguishing this disease from other affections of the eye, though it does not, in the majority

of cases, appear in its simple form. Those inflammations with which it is most likely to be confounded, are,—1. Ophthalmitis interna. 2. Corneitis. 3. Inflammation of the capsule of the aqueous humor.

This disease presents, according to Dr. M., five distinct varieties, or species as he terms them, viz.—1. Traumatic. 2. Catarrhal—rheumatic. 3. Venereal. 4. Scrofulous. 5. Arthritic.

INTERMITTENT FEVER.

Observations on the Practice of Bleeding in the Cold Stage.

OUR readers will recollect with how much earnestness this practice has been recommended by Mr. Mackintosh. In the last Edinburgh Journal, Dr. Stokes has given the result of his trial of this remedy in twenty-two cases, of which accurate records were kept, and from which he has drawn some highly interesting conclusions. The mode of investigation adopted by him is described in the following terms:—"I treated the patients at first only by bleeding in the cold stage, and the use of saline purgatives when necessary, but soon found that without the use of bark I could not succeed in eradicating the disease, and the practice was also followed by some effects for which I was not prepared. I then determined to try cautiously, in each case, the result of bleeding, and if I found that the patient was not advancing toward recovery, to make use of the bark." The quantity of blood drawn at each time averaged fourteen ounces, and the operation was repeated in but few cases.

On the rigor itself, the various ef-

fects produced were,—checking the rigor altogether; its momentary suspension; checking the rigor after a certain quantity was drawn, and its return in a mild degree when the operation was over; diminution of its intensity, but not of its length; relief of the local symptoms alone; prolongation of the rigor, without diminution of intensity; disappearance of the rigor on the fourth pyrexial day after the operation, but persistence of the symptoms indicative of internal congestion. Of these, the third was by far the most common. The diminution of intensity, but not of length, was the next in frequency. The cutting short of the rigor occurred in four cases. In two, it was prolonged without diminution of intensity. In one, the local symptoms alone were relieved. In three instances, no apparent effect was produced by the operation, either on the intensity or duration of the rigor.

With regard to the effect of the operation on the subsequent stages, the most frequent result was, that no effect whatever was produced on either. In a very few cases, the symptoms were rendered milder, and various results occurred in the remainder, in about equal proportion.

The most favorable effects, however, which result from this practice, were exerted upon the local inflammatory symptoms which accompanied the cold stage. Those especially which were referrible to the lungs were in almost every instance immediately relieved. Even splenic and hepatic enlargements were favorably affected, and in two instances, splenic tumors of long stand-

ing yielded entirely to the use of this remedy.

The benefit derived from this practice, however, was not without its alloy of positive evil. In three cases, it was followed, within three days, by severe gastritis. In one other, inflammation of the tonsil supervened, and in a fifth, pneumonia, which was fatal. In this case, all the symptoms had been exasperated by the bleeding.

Such is a very imperfect sketch of this highly valuable paper, which appears to have been drawn up with the utmost care, and which probably contains the greatest amount of information on this interesting topic, of any communication yet made to the profession.

TANNING IN PHTHISIS.

FROM some facts stated in a late number of the London Medical Gazette, it appears that those engaged in the business of tanning are far more rarely affected with consumption than others; and hence the aroma, or peculiar atmosphere, produced by this process, is proposed as a remedy for phthical patients. It is stated to be a popular opinion that the smell arising from a tan-yard is conducive to health, and that it is by no means uncommon for persons unfavorably affected by other occupations, to seek employment in these places, and to recover from their complaints on obtaining it. A striking case is related by the author, which occurred in his own practice, and which, in fact, first directed his attention to the subject. In this case, an individual who had applied

to him in an advanced stage of phthisis, and of whose recovery he entertained no hope, was cured by taking up the business of tanning. It is found that those who are exposed to the aroma in its concentrated form, from working among the pits, are more healthy than those who are occupied in other branches of the art; and it is also the case, that those who tan with oak bark enjoy better health than those who tan with other ingredients. With the constituent principles of this *aroma*, the author confesses himself unacquainted; at all events, it seems to be disengaged only during the combination of the tanning principle of the bark with the gelatine of the hides. It is a fact said to be familiar to tanners, that the tanning liquor, or *ooze*, when applied to *external* ulcers, exerts upon them a highly salutary influence. As the best mode of applying this remedial agent in consumption, the author proposes placing in the chamber of the patient a large vessel, containing a quantity of the liquor and bark, recently taken from a tan-pit; or, in order to obtain the aroma in a more concentrated form, that it should be breathed from a tube connected with a cask filled with the same fluid.

Whatever may be the actual value of the above-mentioned plan, it is certainly entitled to a fair trial. Some few years since, a considerable degree of interest was excited among the practitioners of this place, by an individual who professed to have repeatedly cured consumption by causing patients to inhale certain tonic and antiseptic substances in the form

of a fine powder. The practice was eagerly adopted and extensively tried. Besides being considerably used in private cases, the inhaler was introduced into one public hospital, and a full trial of its effect was instituted by the distinguished physician of that institution. Some flattering instances were reported of its good success, but, on the whole, so little was gained by its use, that it was soon abandoned. This ill success

by no means furnishes a conclusive argument against the present plan; since, independently of the facts by which it is recommended, the introduction into the lungs of the vapor, or aroma, arising from the remedial article, seems far more likely to be beneficial than the grosser mode of its direct application in the form of powder. Some experiments are in progress to test the efficacy of this novel mode of treatment.

BOSTON, TUESDAY, MAY 12, 1829.

NEURALGIA.

In the letter of Dr. Townsend, which will be found in this number, we recognize the history of a case with which we were more or less acquainted from its commencement. There are many points in it which will arrest the attention of the reader;—the first is its great and almost unparalleled severity; the last, its favorable termination. The lady now enjoys sound health, and has experienced no symptoms of her former disease for five years. 'The efficacy of the douche of warm water, and the frictions with palm oil, in removing the stiffness of the joints, is a fact scarcely less worthy of notice in a practical point of view, than the relief obtained from the neuralgic symptoms.

Dr. Wilson, author of a work on the West India Fever, prescribed the *Oil of turpentine* in three cases of Neuralgia, and all of them were cured—we do not say decidedly *by* it, but during its exhibition. He gave calomel from 2 to 4 grs. with opium from 1 to 2 grs., every night, and

from 1 to 2 drachms of oil of turpentine in the same quantity of honey, the next morning. A more extended trial of this remedy is desirable.

Before dismissing the subject of Neuralgia, we cannot but remark that we are happy to have had it in our power to offer so much to our readers on a topic of such vast importance;—an importance derived from the protracted misery caused by the disease, its extreme obstinacy in a majority of instances, its rapid increase of late years, and the comparative paucity of means in possession of the faculty, for determining what is the best and most efficient course to be pursued in its treatment.

RUPTURE OF THE UTERUS.

THIS appalling catastrophe, which so generally terminates in immediate dissolution, we apprehend seldom if ever occurs in a healthy uterus. It is doubtful whether any organ in the body has power sufficient to rupture its own fibres, when those fibres are in a sound and healthy condition.

Post-mortem examinations of this viscus, after such accidents, have very generally developed some deviation from the natural state of its parietes, (or some part of them,) which has been immediately appreciable by the senses; and which has been usually so great as not only to account readily for the fatal occurrence, but to excite astonishment that labor could have advanced so far. Some portion of the womb has been found in a state of ulceration, or *emollissement*, or, more frequently, so much thinner than the rest of the organ as to render it mechanically impossible it should give even moderate resistance to the pressure of the fœtus acted on by the healthier fibres. Cases may be on record in which no morbid condition has been discovered; but even here, such a condition might have existed, and yet been of such a nature as to leave no structural trace discernible after death. If then the principle above stated be correct, we have, in the first place, no reason to fear the rupture of a healthy uterus, however severe may be the labor; and secondly, where rupture does occur, we may always say with confidence that the organ was diseased.

Of late years but two cases of ruptured uterus are known to have occurred in this city. In one, no post-mortem examination was made. In the other, the ruptured portion and parts in its vicinity were found exceedingly thin.

Mr. Spark, Surgeon at Newcastle, has communicated an interesting case of this description to the London Medical Gazette. In his account of the examination he says,

"The uterus itself was of the common size, the whole of its fundus, posterior and left lateral portion, being as firm and thick as usual, and free from any traces of disease; all the right side of it, on the contrary, was dark-looking, relaxed, thin as a sixpence in places, and transparent; a fissure, three inches and a half in extent, with ragged and sloughy edges, running perpendicularly through it to the cervix, which appeared to retain its usual texture; above the commencement, and to some extent on each side the fissure, there were several patches of diseased structure,—the whole, doubtless, indicating morbid action of long continuance."

With a view to the elucidation of this subject, no fatal case should be allowed to pass without examination, when permission can possibly be obtained. We say no *fatal case*, for it does not *always* happen that death is the consequence of such rupture. Although calculated in an eminent degree to paralyse the hopes, and terminate the efforts, of even an experienced practitioner, cases have been recorded in which delivery has yet been effected and the mother restored to health.

At the meeting of a medical society of London, Feb. 24, 1829, such a case was read by Mr. Neville. The labor had advanced without accident till the ear of the child was felt by the hand introduced per vaginam. At this stage a sensation was experienced by the woman as of something giving way, and immediately the fœtus was found to have escaped from the uterus, and discovered under the integuments of the abdomen. The hand of the accoucheur was passed through the vagina and the

rent in the uterus ; and the child being seized by the feet, was withdrawn, and thus delivery safely effected. This woman recovered, and afterwards bore a child.

In the Medical Repository, a case was recorded, about two years ago, in which the uterus was ruptured, and the upper part of the full grown fœtus escaped into the abdomen. Yet was delivery effected, and the woman recovered. The gentleman who gave that case to the Repository has recently addressed a letter to the Medical Gazette, of which the following is an extract.

"I once met with a very extensive rupture of the uterus, commencing at the os uteri. The case was as follows:—A healthy negress, about 18 years of age, was taken in labor with her first child. When called to her, I found the head within the uterus, with only a trifling dilatation of the os tinæ pressing very forcibly upon the perineum, forming the perineal tumor, and with so much force that I thought the uterus, with its contents, would be expelled through the os externum. I abstracted blood from the arm, and supported the perineal tumor as much as I could ; but, in spite of all my exertions, the force of the pains continuing, the uterus was rent upwards, from the os uteri towards the fundus, for at least six inches, and the child, with the placenta, was expelled through the os externum, with only a slight laceration of the perineum.*

What was still more extraordinary in this case, the patient recovered without any untoward symptom, and two years afterwards gave birth to another child, with no more inconvenience than from the common oc-

currences in natural labor. I am,
Sir, Yours, &c,
THOS. H. BROCK, M.D."

Dr. Henschell, of Breslaw, also relates a case in which the uterus was ruptured whilst he was aiding the efforts of nature by the forceps. The child was born alive, but died in a few hours. A prolapsus uteri enabled him to examine the rupture with unusual accuracy, and it was found to be about two inches in length, and of considerable depth, without, however, penetrating through the parietes of the organ. "Emollient injections were thrown into the uterus, and small doses of opium given internally. The ensuing night was very restless ; the patient lost much blood, and complained of violent pain over the whole abdomen, which was tense and very tender on pressure." The injections and opium were repeated, and a poultice laid over the abdomen. On the second night all the symptoms were aggravated, and fever and despondency added to the unfavorable aspect of the case. Emollient injections were thrown into the rectum, and leeches applied to the hypogastric region, and the fever and inflammation began to abate ; the secretion of milk became abundant, the lochial discharge was profuse, and mixed with purulent matter. Four weeks after delivery the patient was perfectly cured.

THE NEW MEDICINES.

V. *Emetine*.—THIS is the active ingredient in Ipecacuanha. It acts as an emetic and purgative, and is said to produce a subsequent tendency to sleep.

* The patient being perfectly exposed, I saw the whole of the above as described.—T. H. B.

*Modes of prescribing Emetine.*1. *Emetine in Substance.*

Dose, 4 grains, dissolved in any vehicle, and given in divided doses.

2. *Emetic Mixture.*

Take of
Emetine, 4 grains.
Infusion of Roses, 2 ounces.
Syrup of Orange, 1-2 ounce.
Mix. Dose, a dessert spoonful every half hour.

3. *Pectoral Lozenges.*

These lozenges may be used instead of the Ipecac. lozenges, in pectoral complaints. They are thus made:—

Take of
Sugar, 4 ounces.
Emetine, 32 grains.
Form into lozenges of 6 grains each.

4. *Emetic Lozenges.*

Take of
Sugar, 2 ounces.
Emetine, 32 grains.
Form into lozenges of 18 grains each.
1 vomits a child, 3 or 4 an adult.

5. *Syrup of Emetine.*

Take of
Simple Syrup, 1 pound.
Emetine, 16 grains.
This is used as Syrup of Ipecac., and in the same doses.

Emetine is sometimes *refined*, when it goes by the name of *pure emetine*, and may be given in doses just one quarter as great as above stated.

MASS. MEDICAL SOCIETY.

THE members of this Society will not forget that the Annual Meeting is to be held in this city the first Wednesday in June, at 10 o'clock, A. M. In consequence of the death of Dr. Gorham, who was to have delivered the address, no discourse will be given at this meeting—the By-Laws making no provision for such cases. In lieu of an address, the dissertation on the best modes of preventing and curing habits of Intemperance, to which the Society's premium has

been awarded, will be read by the Recording Secretary.

SKETCHES OF PERIODICAL LITERATURE.

UNDER this head we propose to devote three or four pages each week to sketches of such original papers in other journals, foreign and domestic, as have a practical value, or are in any way particularly interesting to the profession in this country. The trouble of making these sketches will be very considerable, but we shall be thereby enabled to concentrate into a small space, that information which would occupy many pages if entire articles were extracted. Some general views may also be given of long and elaborate essays which it would be wholly beyond our limits to reprint.

Number of Patients in the Paris Hospitals—The past winter having been uncommonly severe, the Hospitals of Paris have been crowded. At the Hotel Dieu there have been 1124 patients, and at La Pitié, 700, although there are usually but 900 beds in the former and 500 in the latter. More than half the cases at the Hotel Dieu are *medical*, and there are but seven Physicians, a number, says the *La Clinique*, greatly too small for such a charge.

Surgical Lectures.—In consequence of the severe indisposition of Mr. Abernethy, Mr. Lawrence has been appointed to give the surgical course at St. Bartholomew's Hospital.

WEEKLY REPORT OF DEATHS IN BOSTON,

Ending May 1, at noon.

Of abscess, 1—accidental, 1—apoplexy, 1—consumption, 10—croup, 1—drowned, 2—dropsy, 1—dropsy on the brain, 1—infantile, 3—imprudent use of landanum, 1—old age, 1—sudden, 1. Males, 11—females, 12. Stillborn, 1. Total, 24.

ADVERTISEMENTS.

DENTAL SURGERY.

THIS day received by Benjamin Perkins & Co., No. 135, Washington Street.—A SYSTEM OF DENTAL SURGERY. In three parts.

1. Dental Surgery as a Science.

2. Operative Dental Surgery.

3. Pharmacy connected with Dental Surgery.

By SAMUEL SHELDON FITCH, M.D., Surgeon Dentist. *Denticum curam habeto ut bene digeras et diu vivas; laxatis dentibus laxantur et chylaceos officinæ; hinc mille malorum occasiones.*—Baglivi XIII.

March 17.

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LONDON STATIONARY, &c.

JUST received by COTTONS & BARNARD, 184 Washington Street, Crown and Double Crown Tissue Paper, large thin Bath Letter Paper; Billet Paper, Demy and Royal Bristol Board, do. do. London Board, Newman's Carmine, Music Paper.

A COPY of Bloomfield's Critical Digest of Sacred Annotation on the Gospels, 3 vols. 8vo. "The most learned Commentary in the English language." For sale by COTTONS & BARNARD, 184 Washington Street.

CASEY'S APPARATUS FOR THE CURE OF DISTORTED SPINE.

THE Proprietor of the Dormant Balance for the cure of Distorted Spine, gives notice, that he has established an agency in this city, for the convenience of those who may wish to avail themselves of this invention. Physicians having under their care the subjects of this disease, or patients themselves, may have an opportunity of inspecting the apparatus, and examining the testimonials of its efficacy, at Mr. Charles White's, corner of Winter Street. It is recommended, however, that all patients availing themselves of this invention, should do it by the advice, and under the superintendence, of their own physicians, as it is only by medical opinion that the proper subjects of the machine can be deter-

mined, or the other proper measures to be made use of in conjunction with it, can be pointed out. The Proprietor expressly disclaims the idea that a cure is to be effected, in any case, by mechanical means alone. This machine has received the approbation of many of the most eminent medical men in this city and New-York. Upon application to the agent, references will be given, and written testimonials exhibited.

All letters, post-paid, addressed to J. Lincoln, No. 27, Fayette Street, will be attended to.

Boston, Feb. 6, 1829.

NEW BOOKS FOR CHILDREN.

JUST published by COTTONS & BARNARD, 184 Washington Street.

The Waning Moon, by the author of the Rising Sun; The White Palfrey, by the author of Thomas Mansfield; The Kind and Happy Child, by the author of the White Palfrey, &c.

FRENCH WATER COLORS.

COTTONS & BARNARD, 184 Washington Street, have for sale, the following Water Colors, of an excellent quality, manufactured by P. C. Lamberlye, (France,) viz: Bistre, Raw Cassel, Burnt Umber, Raw Umber, Egyptian Brown, Vandyke Brown, Brown Pink, Seppia, Violet Lake, Carmine Lake, Sanders Blue, Prussian Blue, Mineral Blue, Indigo, Yellow Ochre, Yellow Mineral, Gamboge, Yellow Orpiment, Yellow Lake, Naples Yellow, Burnt Italian Earth, Burnt Sienna, Raw Sienna, Italian Earth, Crocus Martial, Green Lake, Sanders Green, Sap Green, Mineral Green, Prussian Green, Vermillion, Saturnine Red, Indian Red, Red Ochre, Red Orpiment, Flake White.

Also—a great variety of Newman's, Ackerman's, Reeves's and Osborne's Colors, in boxes and separate cakes.

SUNDAY SCHOOL CONVERSATIONS.

COTTONS & BARNARD, 184 Washington Street, have just published, Sunday School Conversations on some of the interesting subjects recorded in the New Testament. By the author of the Factory Girl, The Badge, James Talbot, &c.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.